



STATE OF MAINE APPLICATION FOR LINE OF DUTY DEATH

PLEASE SUBMIT THE FOLLOWING INFORMATION TO INITIATE A CLAIM:

DECEDENT'S FULL NAME: _____

DECEDENT'S PUBLIC SAFETY OCCUPATIONAL TITLE: _____

AGENCY NAME: _____

DECEDENT'S SOCIAL SECURITY NUMBER: _____

DECEDENT'S DATE OF BIRTH: _____

DATE OF INJURY: _____

DATE OF DEATH: _____

CITY AND STATE WHERE DEATH OCCURRED: _____

CAUSE OF DEATH AND BRIEF EXPLANATION OF CIRCUMSTANCES
SURROUNDING THE INDIVIDUALS DEATH:

AGENCY INVESTIGATING DEATH _____

NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF SURVIVING SPOUSE:

NAME: _____

ADDRESS: _____

SS#: _____

DATE OF BIRTH/AGES OF CHILDREN OF THE DECENENT (Natural, step, adopted)
REGARDLESS OF AGE OR DEPENDENCY:

NAME	DOB	AGE	SSN
_____	____/____/____	_____	____-____-____
_____	____/____/____	_____	____-____-____
_____	____/____/____	_____	____-____-____
_____	____/____/____	_____	____-____-____
_____	____/____/____	_____	____-____-____
_____	____/____/____	_____	____-____-____

IF THE DECEDENT WAS SINGLE OR DIVORCED AND HAD NO ELIGIBLE CHILDREN, PLEASE PROVIDE THE NAME(s), ADDRESS, TELEPHONE NUMBER(s) AND SOCIAL SECURITY NUMBERS OF HIS/HER SURVIVING PARENTS:

NAME: _____

SS#: _____

ADDRESS: _____

TELEPHONE: (____) _____

Note: Social Security Numbers are required for the processing of benefits by the State of Maine

Please fax or mail this information to:

**Office of State Fire Marshal
52 State House Station
Augusta, ME 04333-0052**